



**Behavioral Health Community Partner Budget Period 1 (6/1-12/31/18)
Annual Report 3/22/19**

I. Summary

Behavioral Health Partners of MetroWest (BHPMW) Behavioral Health Community Partner (BHCP) is founded on longstanding collaborative partners that created a Limited Liability Corporation (LLC) to prepare for health care reform; extensive advanced planning on all aspects of the BHCP model; and knowledge, experience, and investment in health care service delivery reform. BHPMW, LLC is the BHCP Contractor. LLC member agencies Advocates, South Middlesex Opportunity Council (SMOC), Spectrum Health Systems, and Wayside Youth and Family Support Network (Wayside) are Consortium Entities (CE); and Family Continuity (FC) is an Affiliated Partner (AP) in our BHCP program. With more than 200 years of combined experience, we know we are effective in engaging people in our communities; we know care coordination works; and we know supports improve health and quality of life outcomes. Translating that expertise into effective coordinated care in an integrated healthcare system became a key driver for the development of BHPMW LLC and our BHCP program. Our collective expertise enables us to provide robust CP supports to many focus populations: Enrollees with SMI, SUD, co-occurring SMI/SUD, co-occurring BH/LTSS, CBFS/ACCS clients, Enrollees who are homeless, Enrollees involved with the criminal justice system, transitional age youth/young adults, and Enrollees with culturally, ethnically and linguistically diverse backgrounds. The CEs and AP are embedded in our BHCP Service Areas- Central and Northern Massachusetts- and utilize their experience, locations, continuums of care, and community partnerships to provide all CP supports to these diverse populations.

BHPMW BHCP entered Budget Period 1 well prepared, with 50 staff hired and trained in all contractually required topics and having met all readiness review requirements. We generally did not experience the anticipated barriers to hiring and staffed up quickly; and we were successful in recruiting diverse staff who speak various languages. At the end of the budget period, our BHCP had 3594 Assigned and Engaged Enrollees, of whom 1005 or 28% had signed Participation Forms, reflecting very active outreach in the community. Sending our own introductory letter to assigned Enrollees, having materials translated into several languages, and employing Engagement Specialists has been helpful in outreach and engagement. We brought in a nationally recognized expert to offer additional training on person-centered treatment planning. We met with every ACO and MCO at least quarterly; participated in “meet and greets” with their PCPs; and designed data reports to inform them of our progress. We convened quarterly meetings of the three components of our governance structure: Executive Board (e.g., agency CEOs), Quality Management Committee and Consumer Advisory Board. We implemented a care management platform; obtained daily eligibility via the platform and communicated findings to CEs and AP; produced and transmitted monthly reports to MassHealth, ACOs and MCOs; submitted claims, obtained payment, paid our CEs and AP, and worked to address claims denials. We slightly exceeded our total projected Qualifying Activities (e.g., claims) for BP1.